

Emergency First Aid For Horses

In any emergency ensure the vet is on their way *before* starting first aid, the quicker they get to you the better. Keep yourself safe at all times. A wounded or distressed horse can be unpredictable and accidentally injure those around them. A riding hat should be worn to protect against head injuries and gloves to prevent rope burns from the lead rope.

The Collapsed Horse

- Potential causes include colic, infection, trauma, myopathy, seizures and shock.
- Give the horse 'space' especially if in seizure. When the horse stands it may be uncoordinated, stagger and collapse again.
- Remove any surrounding hazards and minimize noise/stressors in the environment.
- If the horse is calm, place blankets under the head to protect the lower eye. Beware the head collar buckle if horse recumbent.
- Keep the horse warm/dry.
- Use shavings to provide a non-slip surface should the horse try to stand.
- Do not encourage horse to stand prematurely.
- If lying calmly roll horse into sternal and prop up with straw/shaving bales.
- Video any seizures/unusual tremors or symptoms for your vet.

The Trapped Horse

- For example horse with a leg caught in a gate.
- Trapped horses often stop struggling and become calm as they accept their predicament. If the horse senses freedom (eg gate rail removed) they will violently struggle to escape. This is when catastrophic injury can occur to horse and human. Most rescues require a horse to be sedated or anaesthetised.
- Address human safety first. The emergency services cannot help a horse if they have to divert their attention to human casualties.

Colic

- Colic symptoms are an expression of abdominal pain most often related to the gastrointestinal tract. Whilst the majority of colic cases can be treated medically, some require urgent surgical intervention.
- Remove feed until the vet arrives.
- Gentle walking is fine provided the horse is happy to walk, but if the horse wishes to go down and roll, allow them to do so.
- Rolling is highly unlikely to make the situation worse.
- Remove all hazards and provide a soft/safe area for the horse to lie down such as a paddock or school.
- Have information to hand such as feeding, worming and whether the horse has passed droppings that day.
- If the colic looks severe consider options for transport in case of veterinary referral.

Choke

- Obstruction of the oesophagus and difficulty swallowing. Food and saliva is commonly seen exiting the nostrils. Horse may be distressed/coughing.
- Remove all food and water.
- Keep horse calm and un-stimulated in a quiet stable. A low head carriage avoids inhalation of food/saliva that could lead to pneumonia.

Non- Weight Bearing Lameness

- Potential causes include hoof abscess, foot penetration, fractures, lymphangitis, septic joint or tendon injury.
- If limb has abnormal angulation/movement suggestive of a fracture, do not move the horse until the vet arrives and do not examine the limb further.
- Check foot for a foreign body such as a nail. If found, leave the object in-situ, heavily pad around the object and do not walk the horse.
- If foot is clear and horse happy to walk on remaining 3 legs, move a short distance to a flat, clean area where the horse's movement can be restricted.
- Provide a deep bed in case the horse wishes to lie down.
- Do not give pain relief unless instructed by the vet. It is hard to assess the lameness once 'masked' by medication.
- If limb muddy and horse compliant gently hose the leg to allow better inspection.

Painful eye

- Indicated by excessive blinking, a partially or fully closed eye, profuse tears or shying away from bright light. May be accompanied by swollen eyelids, ocular discharge, reddening of the soft tissues or changes to the eye surface.
- Remove horse from bright light and place in a shaded stable.
- Remove from flies and dust.
- If horse is rubbing the eye and likely to cause further trauma, restrain/distract them until help arrives.

Laminitis

- Painful inflammation of the sensitive laminae of the feet. Many cases have underlying hormonal disturbances as well as a dietary component.
- Remove from pasture and high sugar/starch feeds.
- Restrict movement as soon as possible. If on a distant paddock use a trailer to move the horse to a stable. Do not walk more than a short distance.
- Provide deep, soft, non-edible bedding to help support the soles of the feet.

Wounds/Haemorrhage

- Wounds range from superficial skin abrasions to deep lacerations with involvement of bone, tendons, ligaments and joints. If any doubt as to how serious a wound may be, call a vet and take a good, clear photograph of the wound to send them.
- Location of the wound may suggest involvement of a synovial structure such as a joint. This is a serious complication requiring urgent treatment.
- If horse compliant, gently hose the area to remove superficial dirt and contamination. Do not use excessive pressure as this can drive dirt deeper into the wound.
- Apply a light dressing to prevent further contamination.
- If severe bleeding/haemorrhage, apply a clean, firm dressing. If blood shows through, do not remove original dressing but continue to apply additional layers. If area difficult to dress apply firm manual pressure with clean, non-adherent dressing.
- If haemorrhaging from the nostril(s) leave horse undisturbed in a quiet stable and seek immediate veterinary assistance.

Atypical Myopathy

- Caused by Hypoglycin A, a toxin found in the leaves, seeds and seedlings of the Sycamore tree and Box Elder. Symptoms include depression, muscle weakness, collapse, increased heart and respiratory rate, red to brown urine. Can prove rapidly fatal.

- Remove horse from pasture.
- Act quickly. A vet has more treatment options and chance of success if the horse is still standing/able to be moved/in an environment where intravenous fluids can be given.
- Provide soft bedding should the horse go down.
- Provide fresh water and keep horse warm.
- Organise removal of co-grazers from the pasture as soon as possible or securely tape them onto a 'safe' part of the field, free from leaves, seeds and seedlings until new grazing can be found. Co-grazers may require blood testing to check if disease is imminent.

Our thanks go to Redwings for their fantastic advice on a whole range of equine ailments that the horse & pony owner could come across at any time. You can find out more about the work that Redwings do in educating owners but also in caring for and rehoming horses, ponies, donkeys and mules at www.redwings.org.uk. To find out more about their campaign Stamp Out Strangles! campaign and other guidance please visit <https://www.redwings.org.uk/strangles>